ODD FELLOW HOME

GREEN BAY 54301 Phone: (920) 437-6523		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	82	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	82	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	79	Average Daily Census:	80

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	% 	Age Groups 	* *	 Less Than 1 Year 1 - 4 Years	40.5 44.3
Developmental Disabilities	0.0	Under 65	5.1	More Than 4 Years	15.2
Mental Illness (Org./Psy)	19.0	65 - 74	10.1		
Mental Illness (Other)	1.3	75 - 84	35.4		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	43.0		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent	
Cancer	1.3			Nursing Staff per 100 Resid	ents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	11.4	65 & Over	94.9		
Cerebrovascular	11.4			RNs	8.1
Diabetes	6.3	Gender	%	LPNs	7.4
Respiratory	2.5			Nursing Assistants,	
Other Medical Conditions	46.8	Male	24.1	Aides, & Orderlies	38.5
		Female	75.9		
	100.0				
			100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	317	47	94.0	121	0	0.0	0	23	100.0	155	0	0.0	0	0	0.0	0	76	96.2
Intermediate				3	6.0	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		50	100.0		0	0.0		23	100.0		0	0.0		0	0.0		79	100.0

ODD FELLOW HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	/31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.5	Bathing	0.0		60.8	39.2	79
Other Nursing Homes	6.2	Dressing	10.1		86.1	3.8	79
Acute Care Hospitals	72.8	Transferring	21.5		69.6	8.9	79
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.7		45.6	41.8	79
Rehabilitation Hospitals	0.0	Eating	58.2		36.7	5.1	79
Other Locations	1.2	*******	******	*****	******	******	******
otal Number of Admissions	81	Continence		ક	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.1	Receiving Resp	iratory Care	6.3
Private Home/No Home Health	15.2	Occ/Freq. Incontiner	nt of Bladder	48.1	Receiving Trac	heostomy Care	1.3
Private Home/With Home Health	15.2	Occ/Freq. Incontiner	nt of Bowel	30.4	Receiving Suct	ioning	0.0
Other Nursing Homes	2.5	_			Receiving Osto	my Care	3.8
Acute Care Hospitals	2.5	Mobility			Receiving Tube		0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	27.8
Rehabilitation Hospitals	0.0				_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	43.0	With Pressure Sores		16.5	Have Advance D	irectives	82.3
otal Number of Discharges		With Rashes		1.3	Medications		
(Including Deaths)	79				Receiving Psyc	hoactive Drugs	51.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Non	profit	50	-99	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	97.6	93.4	1.04	86.3	1.13	88.8	1.10	88.1	1.11	
Current Residents from In-County	89.9	85.9	1.05	80.0	1.12	83.2	1.08	77.6	1.16	
Admissions from In-County, Still Residing	37.0	20.9	1.78	18.8	1.97	18.7	1.98	18.1	2.04	
Admissions/Average Daily Census	101.3	162.7	0.62	180.5	0.56	177.7	0.57	162.3	0.62	
Discharges/Average Daily Census	98.8	162.0	0.61	178.7	0.55	179.2	0.55	165.1	0.60	
Discharges To Private Residence/Average Daily Census	30.0	81.3	0.37	87.1	0.34	83.4	0.36	74.8	0.40	
Residents Receiving Skilled Care	96.2	97.5	0.99	96.4	1.00	96.3	1.00	92.1	1.05	
Residents Aged 65 and Older	94.9	96.3	0.99	93.5	1.01	91.3	1.04	88.4	1.07	
Title 19 (Medicaid) Funded Residents	63.3	54.2	1.17	59.0	1.07	61.8	1.02	65.3	0.97	
Private Pay Funded Residents	29.1	31.8	0.92	24.5	1.19	22.5	1.29	20.2	1.44	
Developmentally Disabled Residents	0.0	0.5	0.00	0.8	0.00	1.1	0.00	5.0	0.00	
Mentally Ill Residents	20.3	33.9	0.60	31.6	0.64	34.8	0.58	32.9	0.62	
General Medical Service Residents	46.8	25.2	1.86	26.1	1.80	23.0	2.03	22.8	2.06	
Impaired ADL (Mean)	49.9	49.3	1.01	47.8	1.04	48.4	1.03	49.2	1.01	
Psychological Problems	51.9	57.5	0.90	57.6	0.90	59.5	0.87	58.5	0.89	
Nursing Care Required (Mean)	7.1	6.9	1.03	7.0	1.02	7.2	0.99	7.4	0.96	